

STATE OF ARIZONA EMPLOYEE TRAVEL CLAIM	AGENCY		NORMAL WORKING SHIFT TIMES		PHONE				BATCH HEADER						
			START: END:				AGY (3)		DATE((6)		TYP(1)	NO (3)			
	PREPARED BY ACCT		ENTERED BY		DATE / /				/ /						
EMPLOYEE NAME			EMPLOYEE IDENTIFICATION NUMBER (EIN NO) (11) 2 0			MC (3) 001	DUTY POST ADDRESS		VEHICLE TYPE <input type="checkbox"/> STATE <input type="checkbox"/> RENTAL						
EMPLOYEE RESIDENCE CROSS STREETS AND CITY			PERIOD (MO/YR)		PURPOSE OF TRAVEL/DESCRIPTION			<input type="checkbox"/> PERSONAL <input type="checkbox"/> PASSENGER							
BY MY SIGNATURE HEREON AS TRAVELER, I CERTIFY THAT I AM FAMILIAR WITH STATE OF ARIZONA TRAVEL POLICY AND THAT THE AMOUNTS FOR WHICH I SEEK REIMBURSEMENT REPRESENT EITHER THE AMOUNTS ACTUALLY SPENT FOR MEALS, INCIDENTALS, TRANSPORTATION OR LODGING EXPEDITURES AND/OR THE MILES ACTUALLY TRAVELED BY ME. I CERTIFY FURTHER THAT I HAVE WORKED THE NUMBER OF HOURS AND FULFILLED ALL THE OTHER CONDITIONS REQUIRED BY STATE TRAVEL POLICY TO BE REIMBURSED FOR MEALS CLAIMED.															
DATE	PLACE DEPARTED FROM	TIME	PLACE ARRIVED AT	TIME	ODOMETER START END		MILES	MILES X RATE=\$	MEALS & INCIDENTAL	LODGING	OTHER EXPENSES	TRANS- PORTATION	TOTAL EXPENSES		
			(LESS COMMUTE MILES)				() ()						()		
BY MY SIGNATURE AS TRAVELER, I AGREE THAT I WILL RETURN ANY AMOUNTS ADVANCED TO ME IN EXCESS OF THE AMOUNT OF THIS CLAIM WITHIN TEN (10) DAYS OF THE DATE TRAVEL IS COMPLETED. I UNDERSTAND THAT ANY TRAVEL ADVANCE NOT REIMBURSED IN A TIMELY MANNER MAY BE DEDUCTED FROM ANY SALARY, WAGES OR TRAVEL EXPENSE REIMBURSEMENT DUE TO ME. (ARS 35-192.02)							TOTALS FROM ABOVE>								
							TOTALS FROM CONTINUATION SHEET(S)>								
							GRAND TOTALS>								
DOC DATE (6) / /		EFF DATE (6) / /		CUR DOC (8)			AGY (3)		DOC AMOUNT \$(11) ¢(2)		DOC AGY (3)		CLAIM AMOUNT		
DOC SFX (3)	REF DOC (8)		REF SFX (3)	M (1)	TC (3)	INDEX (5)	PCA (5)	AY (2)	COBJ (4)	AOBJ (4)		AMOUNT \$(11) ¢(2)		R (1)	
BY MY SIGNATURE AS TRAVELER, I CERTIFY THAT THE ABOVE ITEMS OF EXPENSE WERE INCURRED FOR AUTHORIZED OFFICIAL STATE BUSINESS, THAT THEY ARE CORRECT AND PROPER CHARGES, AND THAT THE PRIVATE VEHICLE, IF USED, IS COVERED BY LIABILITY INSURANCE.			DRIVER LICENSE NO.				BY MY AUTHORIZING SIGNATURE, I CERTIFY THAT THE ABOVE TRAVEL WAS AUTHORIZED FOR OFFICIAL STATE BUSINESS AND PAYMENT THEREOF WILL NOT EXCEED APPROPRIATION ALLOTMENT OR OTHER AUTHORIZED FUNDS.			SUPERVISOR SIGNATURE				DATE	
			TRAVELER SIGNATURE/DATE							AGENCY ACCOUNTING AUTHORIZED SIGNATURE				DATE	